

DISCLOSURE SUMMARY PAGE

FORM

DR-2

(Rev. 01/98)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Indexed _____
Audited _____
Computer _____

COMMITTEE NAME (Must be same as on Statement of Organization) Re-elect Fitzgerald Sheriff Pin 11-12-05
2008 NOV 13 AM 11:11

IMPORTANT: Indicate type of committee you are reporting for: 4

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support Slate of Candidates

Thomas A. Weber

515-292-9462

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

Nov 11, 2008
DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Oct 19, 2008 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date) Indicate one 1

☒ CHECK IF AMENDMENT TO REPORT DATED Oct 16, 2008

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

Nov 4, 2008

County & Local Committees, enter County in which Election is held

SLCry

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 6817.97

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) _____

407.00

Schedule F: Loans Received total (Attach Schedule F) _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) _____

Schedule F: Loan Repayments total (Attach Schedule F) _____

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 7224.97

UNPAID BILLS (From Schedule D - Attach Schedule D) _____ \$

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) _____ \$

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) _____ \$

502.02

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 08/97)

MONETARY
RECEIPTS**COMMITTEE NAME** (Must be same as on Statement of Organization)*Re-elect Fitzgerald Sheriff*☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/02/08	ID# CK# 6311	Jane Halliburton 1128 Roosevelt Ames IA 50010		\$ 50 ⁰⁰	✓
09/02/08	ID# CK# 3113	Kenneth Peterson 104 Elm Story City IA 50248		25 ⁰⁰	✓
09/02/08	ID# CK# 4305	Nancy Marks 1625 24th Street Ames IA 50010		25 ⁰⁰	✓
10/13/08	ID# CK# 3334	A. B. Nostwich 707 Dodge Ave Ames IA 50010		35 ⁰⁰	
08/29/08	ID# CK# 5909	Gaylord Henryson 813 Timberland Dr. Story City IA 50248		50 ⁰⁰	
09/02/08	ID# CK# 2400	Douglas B. Howland 1100 Adams St. Unit 105 Ames IA 50010		20 ⁰⁰	✓
09/02/08	ID# CK# 7758	Marcia Ansarde 2032 Pinehurst Dr. Ames IA 50010		25 ⁰⁰	✓
09/02/08	ID# CK# 5532	C. Lynne Bishop 2609 Eisenhower Ave Ames IA 50010		25 ⁰⁰	✓
09/01/08	ID# CK# 439	Edward A. Carbery 3313 Morningstar St. Ames IA 50014		50 ⁰⁰	✓
09/19/08	ID# CK# 1099	Kara Kulshart P.O. Box 94 Nevada IA 50201		17 ⁰⁰	

SUB-TOTAL

\$ 322⁰⁰TOTAL (if last page of this
schedule)

\$

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 08/97)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)*Re-elect Fitzgerald Sheriff*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/02/08	ID# CK# 6843	Dorothy Holm 714 Garfield Ave Story City IA 50246		\$ 10 ⁰⁰	✓
08/30/08	ID# CK# 6323	Stewart Burger 2502 Bristol Drive Ames IA 50010		50 ⁰⁰	
08/14/08	ID# CK# 3358	Ted Tostabe 1336 Parkview Dr. Story City IA 50248		25 ⁰⁰	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 85⁰⁰TOTAL (if last page of this
schedule)\$ 407⁰⁰

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 Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME(Must be same as on Statement of Organization)

Re-elect Fitzgerald for Sheriff

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 502.02

SCHEDULE

F

(Rev. 07/03)

LOANS
RECEIVED
& REPAYED

☐ CHECK THIS BOX IF
AMENDING FORM

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 502.02

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